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An Audit on Oxygen Prescription in Ward-Level Care

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Dear Editor,

We are writing to address an important issue in ward-level care: the prescribing and delivery of oxygen therapy.

Oxygen is a life-saving drug that is essential for patients with respiratory conditions such as T2RF in COPD, yet it is often misused, not-prescribed or not properly delivered. Globally, there is low compliance in oxygen prescription to international standards. Target saturations are also not well documented and usually given in verbal fashion resulting in over or underuse of oxygen therapy. In 2017, British Thoracic Society proposed that oxygen should be prescribed to achieve >94% in acutely unwell patients or 88-92% in patients at risk of hypercapnic respiratory failure.[1]

We conducted an audit on Oxygen Prescription in the respiratory ward of Mater Infirmorum Hospital from 19th August 2024 to 23rd August 2024. We sought data from our electronic database Encompass as well as obtained information from bedside oxygen delivery services. Data from a total of 45 patients who required oxygen were gathered. Upon analyzing the data, we found that only 11 of these patients were appropriately prescribed oxygen giving a compliance percentage of only 24.4%. Only 16 patients had their target saturations prescribed giving a compliance percentage of 35.6%.

To address these areas, implementation of standardized oxygen prescribing guidelines from the British Thoracic Society across all hospital wards is essential. Healthcare professionals should be given regular training to ensure they are up-to-date with the latest guidelines. This training should emphasize the importance of oxygen titration, monitoring oxygen saturations closely, and adjusting rate of oxygen flow. Furthermore, the introduction of built-in alerts to the current electronic prescribing systems could significantly enhance the safety and accuracy of oxygen delivery.

Another method of improving oxygen prescription would be to establish multidisciplinary teams that are responsible for overseeing oxygen therapy across wards. These teams can conduct regular audits to ensure adherence to guidelines, review cases of inappropriate oxygen use, and provide feedback to healthcare professionals. This will ultimately lead to better patient outcomes.

However there are a few challenges and limitations. Challenges faced would be the changeover of rotational doctors in training. Hence, regular training and education would be needed to ensure all staff are compliant with oxygen prescription.

In conclusion, a coordinated approach is needed to improve oxygen prescribing and delivery in ward-level care as it is a multifaceted challenge. We can ensure that oxygen therapy is both safe and effective for patients by enforcing guidelines adherence, providing regular training and leveraging on technology.

Declarations of Conflicts of Interest:
None declared.

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